Data Consortium:

Leveraging Kansas health data to advance health reform via data-driven policy

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Objective for Today

Overview of the health and health care measures and indicators recommended by the Data Consortium

Outline

- Background
- Process/Strategy
- Recommendations
- What Next?
- Q&A

Background

Formation of the Data Consortium

- Chartered by the Board in April 2006 to:
  - Guide KHPA in the management of programmatic and non-programmatic health data
  - Ensure continued public support and investment in the use of this data to advance health policy
  - Disseminate this wealth of data, in partnership with stakeholders
  - Ask and answer important health policy questions pertaining to:
    - » Access to health care
    - » Affordability of health care
    - » Quality of health care
    - » Health status of Kansans

Data Consortium Membership

- Executive Director of the Health Policy Authority or designee (Chair)
- Kansas Department of Health and Environment (KDHE)
- Department of Social and Rehabilitation Services (SRS)
- Kansas Insurance Department (KID)
- University of Kansas Medical Center (KUMC)
- University of Kansas Medical Center-Wichita (KUMC-Wichita)
- Kansas Health Institute (KHI)
- Kansas Foundation for Medical Care (KFMC)
- Kansas Medical Society (KMS)
- Kansas Hospital Association (KHA)
- Kansas Association of Osteopathic Medicine (KAOM)
- Kansas Mental Health Association
- Kansas Association for the Medically Underserved (KAMU)
- Kansas State Nurses Association (KSNA)
- American Association of Retired Persons (AARP)
- Kansas Public Health Association (KPHA)
- Kansas Health Care Association (KHCA)
- Kansas Association of Homes and Services for the Aging (KAHSA)
- Two self-insured employers appointed by Kansas Chamber of Commerce and Industry:
  - >> Hills Pet Nutrition
  - >> Lawrence Paper Co.
- Two insurance carriers:
  - >> Coventry
  - >> Blue Cross Blue Shield of Kansas (BC-BS)

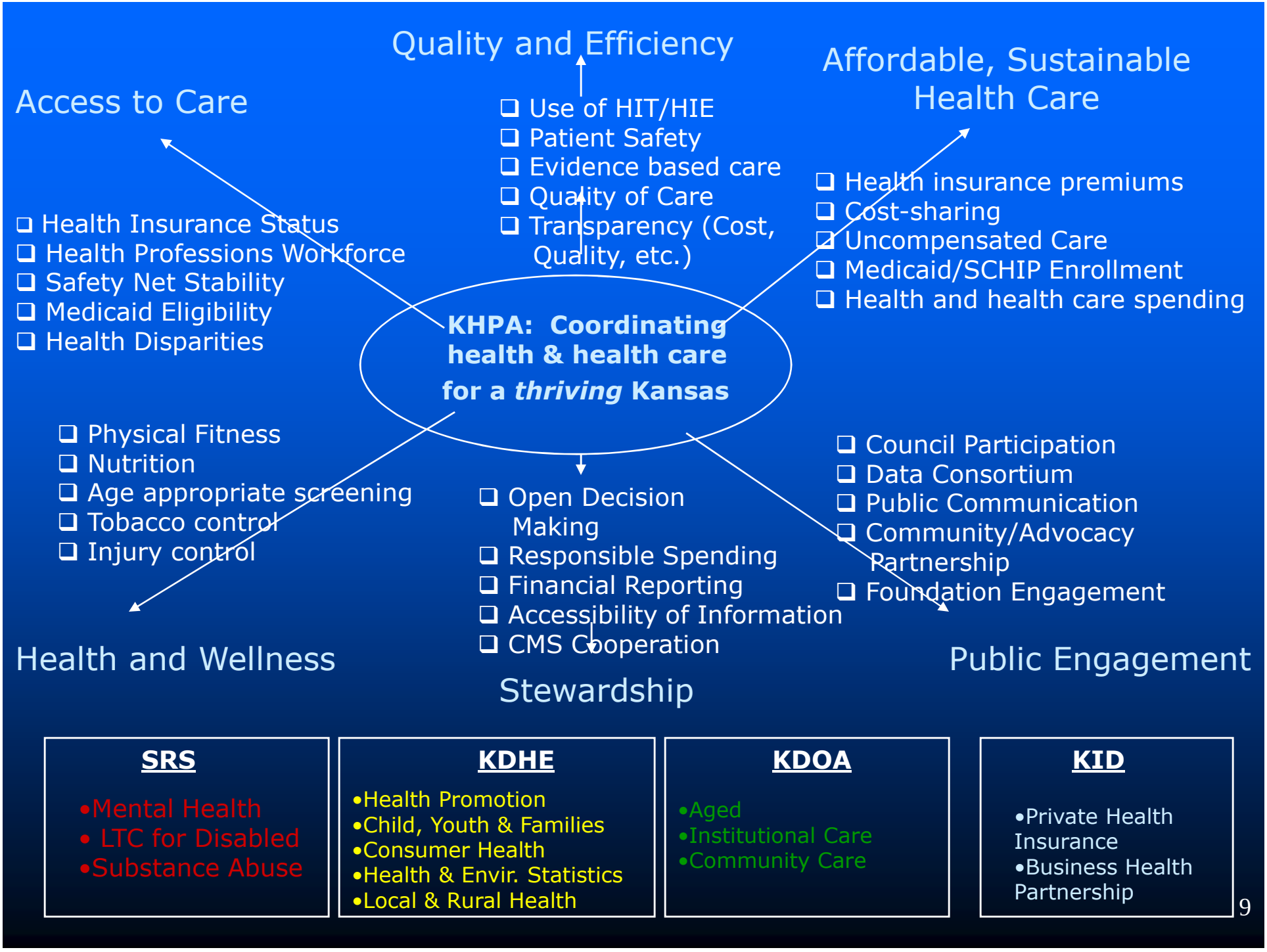
Data Consortium Charge

To serve as a multi-stakeholder public advisory group to the KHPA Board with the following specific responsibilities:

- **Make recommendations** regarding the scope of the Authority's responsibilities for managing health data;
- **Recommend reporting standards** and requirements for non-programmatic data owned or managed by the Authority;
- **Craft data use policy recommendations** governing access to health information by external users;
- **Recommend empirical studies and evaluations** supporting the goals and objectives of the Authority;
- **Provide input on health and health care data initiatives** in other organizations and agencies;
- **Develop recommendations for public reporting standards** for consumers, health care providers and other health care organizations.

Vision Principles & Health Indicators

- Adopted by the Board in 2006
- Provides governance and operational direction to the Board
- Provides guiding framework to analyze health reform options
- Provides “yardstick” to measure over time improved health in Kansas


Quality and Efficiency
Use of HIT/HIE
Patient Safety
Evidence based care
Quality of Care
Transparency (Cost, Quality, etc.)
Access to Care
Health Insurance Status
Health Professions Workforce
Safety Net Stability
Medicaid Eligibility
Health Disparities
Affordable, Sustainable Health Care
Health insurance premiums
Cost-sharing
Uncompensated Care
Medicaid/SCHIP Enrollment
Health and health care spending
KHPA: Coordinating health & health care for a thriving Kansas
Physical Fitness
Nutrition
Age appropriate screening
Tobacco control
Injury control
Open Decision Making
Responsible Spending
Financial Reporting
Accessibility of Information
CMS Cooperation
Council Participation
Data Consortium
Public Communication
Community/Advocacy Partnership
Foundation Engagement
Health and Wellness
Stewardship
Public Engagement
SRS
•Mental Health
• LTC for Disabled
•Substance Abuse
KDHE
•Health Promotion
•Child, Youth & Families
•Consumer Health
•Health & Envir. Statistics
•Local & Rural Health
KDOA
•Aged
•Institutional Care
•Community Care
KID
•Private Health Insurance
•Business Health Partnership

Access to Care

Kansans should have access to patient centered health care and public health services which ensure the right care, at the right time, and at the right place.

- Indicators:
  - (1) Health insurance status;
  - (2) Health professions workforce;
  - (3) Safety net stability;
  - (4) Medicaid eligibility;
  - (5) Health disparities

Quality and Efficiency

The delivery of care in Kansas should emphasize positive outcomes, safety and efficiency and be based on best practices and evidence-based medicine.

- Indicators
  - (1) Use of Health Information Technology/Health Information Exchange;
  - (2) Patient Safety;
  - (3) Evidence based care;
  - (4) Quality of care;
  - (5) Transparency (of cost and quality of health information).

Affordable & Sustainable Health Care

The financing of health care and health promotion in Kansas should be equitable, seamless, and sustainable for consumers, providers, purchasers, and government.

- Indicators
  - (1) Health insurance premiums;
  - (2) Cost sharing by consumers;
  - (3) Uncompensated care;
  - (4) Medicaid and SCHIP enrollment;
  - (5) Health and health care spending.

Health and Wellness

Kansans should pursue healthy lifestyles with a focus on wellness as well as a focus on the informed use of health services over their life course.

- Indicators
  - (1) Physical fitness;
  - (2) Nutrition;
  - (3) Age appropriate screening;
  - (4) Tobacco control;
  - (5) Injury control.

Process

Strategy

- Member organizations chose a list of 20 or so measures (mostly from national standard measures) each based on anticipated value to policy makers and consumers.
- Master list compiled by combining these measure recommendations reflecting a balanced mix of organizational perspectives
- The suggested data sources were then researched and the grid of criteria populated
- Tiers assigned based on data availability and integrity
- Prioritization based on combinations of criteria or by voting

Measure Prioritization: *3 Tier Classification*

- Tier 1: The measure is computed routinely; data exists and has been checked for integrity
- Tier 2: Data is collected routinely as part of a database, but not checked for integrity
- Tier 3: Data required for the measure is not currently collected

Membership and Activity at a Glance *(All workgroups)*

Workgroup	Led by	Members	Dates Met
Access to Care	KHPA	KHPA, Lawrence Paper Co., KUMC-Wichita, KPHA, KAMU, BC-BS, KUMC, KHA, KDHE, KFMC, KMS, SG Co. Health Dept., AARP, CMFHP	3/19/08, 4/16/08, 05/14/08, 07/01/08, 08/05/08
Quality & Efficiency	KFMC	KFMC, KHPA, KPHA, SG Co. Health Dept., BC-BS, St. Luke's Health Systems, KAHSA, KUMC-Wichita, KDHE, KMS, KHA, KHCA, KSNA, AARP, KDOA, WBCHC	3/12/08, 4/3/08, 5/21/08, 07/16/08, 08/19/08
Health & Wellness	KDHE	KDHE, KHPA, Lawrence Paper Co., KPHA, BC-BS, KFMC, KMS, KHI, KHA, AARP, KUMC	4/9/08, 7/2/08, 8/14/08
Affordable, Sustainable Health Care	KHI	KHI, KHPA, SRS, KID, KAMU, Coventry, Lawrence Paper Co., BC-BS, KPHA, KUMC-Wichita, KHA, KDHE, KFMC, KMS, WBCHC	3/26/08, 4/22/08, 6/2/08, 7/9/08, 08/19/08

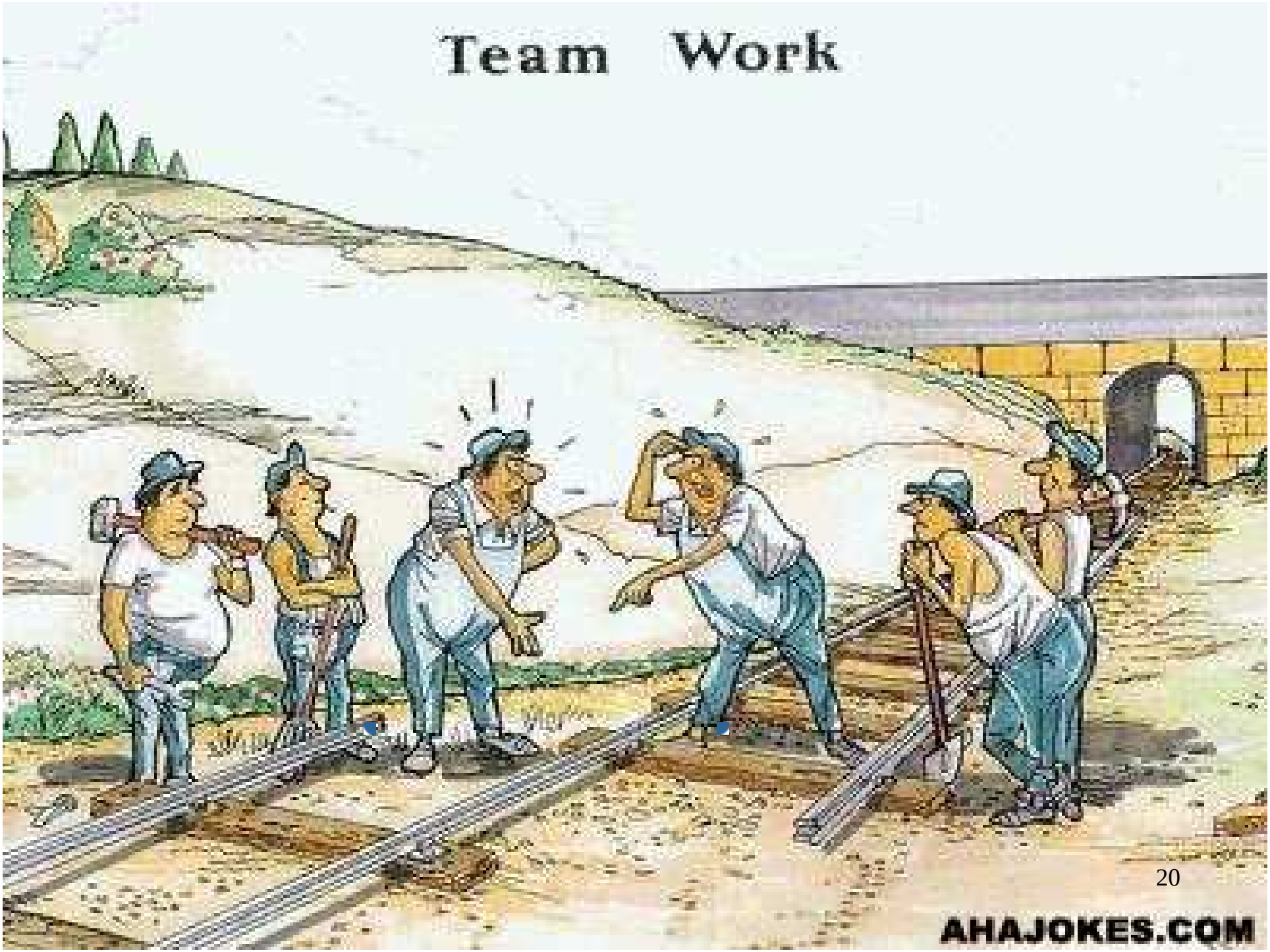
Thanks to Workgroup Leads & Members !

- Affordable, Sustainable Health care:
  Gina Maree (KHI)
- Health & Wellness:
  Paula Marmet/ Ghazala Perveen (KDHE)
- Quality and Efficiency:
  Larry Pitman (KFMC)
- Access to Care:
  Hareesh Mavoori/ Andy Allison (KHPA)

Complete Workgroup member listings are on the KHPA Data Consortium Web site
(http://www.khpa.ks.gov/KHPADataConsortium/default.htm)

Data Consortium Activity

- Data Consortium met 6 times over a one-year period:
  - October 2, 2008
  - August 20, 2008
  - July 15, 2008
  - April 30, 2008
  - February 20, 2008
  - December 18, 2007
- 18 workgroup meetings in 2008
- 90+ individuals representing 22+ key health industry stakeholder organizations
- Routine updates on workgroup activity by leads for feedback from parent committee → Iterative process
- Updates on state data initiatives (e.g. e-Health Advisory Council, Medical Homes, State Quality Initiative, Data Analytic Interface, etc.) to ensure coordination of activities


Team Work
AHAJOKES.COM

Recommendations

Characteristics of Measures/Indicators being Recommended

- Stakeholder-driven collaborative effort championed by key health industry players
- Minimally burdensome data monitoring (Tier I)
- Phased approach (Overall ambitious vision with focus on low-hanging fruit first to create momentum and demand)
- Comprehensive (Health and Health Care; multiple domains)
- Synchronized with KHPA Vision Principles
- Aligned with national standards (E.g. Healthy People 2010 used as default; Measures chosen from standard national datasets)
- Attempt to include Kansas health reform proposals: e.g. Medical homes, Oral health, Tobacco cessation
- Proactive strategy (Deming: “If you continue to do what you have always done, you will get what you have always gotten”)
- Data → Information → Knowledge → Wisdom (“You can not improve what you can not measure”)

Data Consortium Work Products

- 96 Tier I recommendations:

Vision Principle	Measures	Indicator Groups
» Access to Care:	21	8
» Health & Wellness:	33	14
» Quality & Efficiency:	23	8
» Affordability & Sustainability:	19	5

- Deferred list of Tier II and III measures
- Default categories as needed for reporting

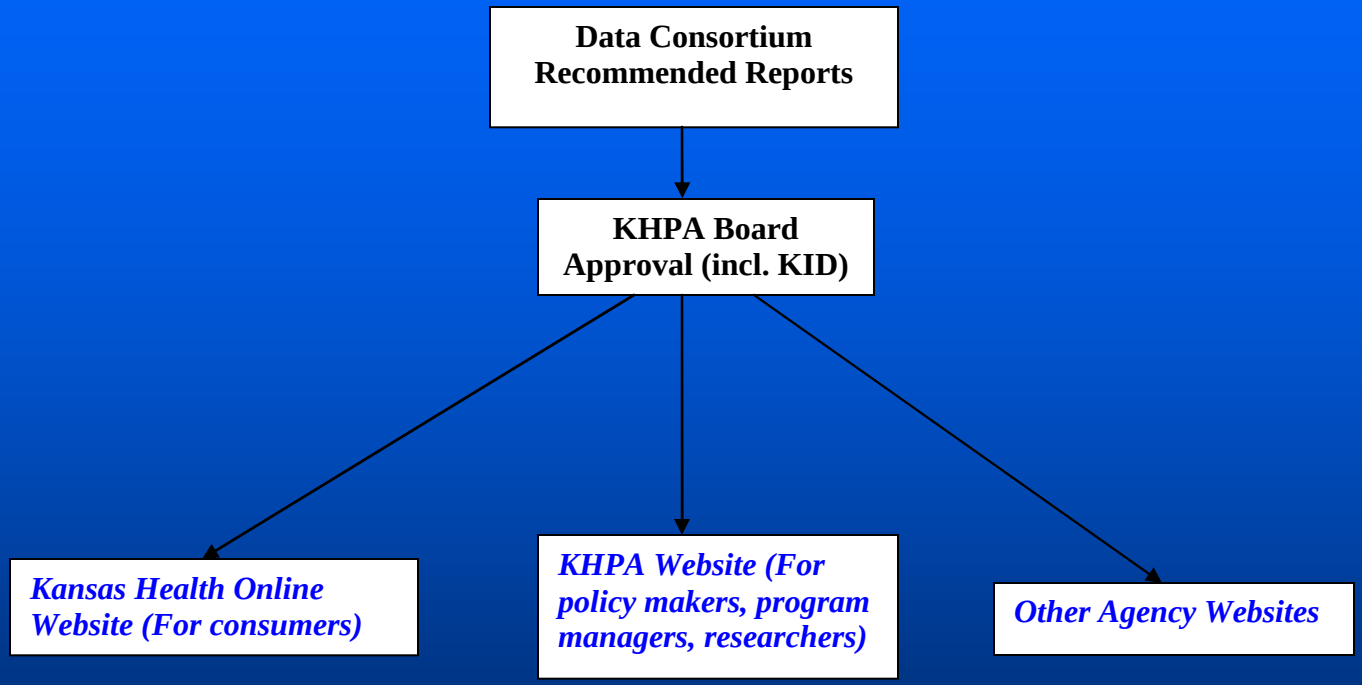
What next?

- ***Compilation of data from the recommended data sources for the measures has started***
- ***KHPA Board approval on Nov. 18, 2009***
- ***Kansas State Dashboard based on these measures and indicators to be launched in January 2009***
- ***Most recent data available will be used along with historic data to show baseline trends***
- ***Public reporting is just the beginning.***
- ***Need to be supported by:***
  - ***Evidence-based interventions both at policy and practice level***
  - ***Appropriate incentives for all stakeholders***

http://www.khpa.ks.gov/

Background/Reference Slides

Reporting Channels



Reporting Strategy

Description, documentation

Initial policy + Consumer application (understanding)

Data development

2nd stage policy + Consumer application (choice)

Increasing demand

Description & Documentation

Policy & Consumer application

Data development

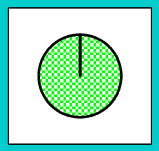
Envisioned Dashboard Design

Desired Features of Dashboard

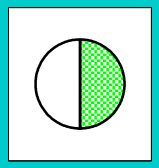
- Historical Self-Comparison – Chronological Trends
- Peer Comparison – Benchmarking with other states or nation; Comparison between counties
- Absolute Targets and Minimum Acceptable Thresholds
- Superimposed statistical indicators to allow tests of change (e.g. policy impact) or proactive alerts/triggers

Example of statistical indicators

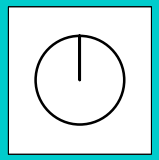
PERFORMANCE INDICATORS - LEGEND
(Based on the 3 most recent data points and their position relative to the previous point)



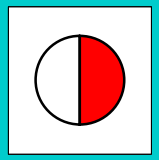
Goal reached or statistically significant improvement (control limit exceeded in "desirable" direction)



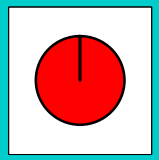
Improving trend - i.e. 3 consecutive points all showing improvement over the previous point; or
sustained above-average performance - i.e. 3 consecutive points all on "desirable" side of average.
While potentially promising, there is no statistical significance yet.



Process steady around average and within control - no statistically significant movement in either direction

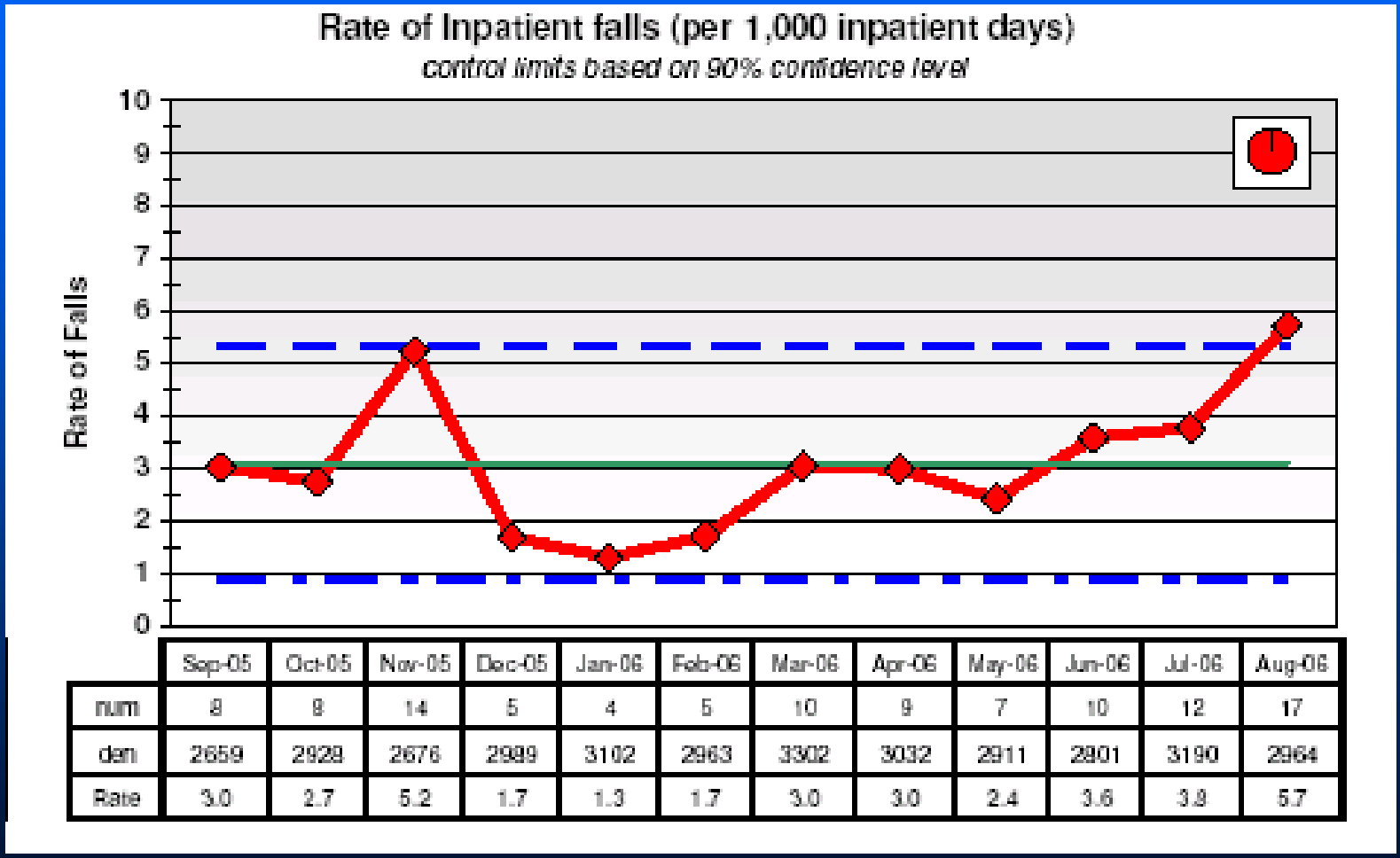


Worsening trend - i.e. 3 consecutive points all showing worsening from previous point; or
sustained below-average performance - i.e. 3 consecutive points all on "undesirable" side of average
While potentially indicating slipping performance, there is no statistical significance yet



Statistically significant decline in performance (control limit exceeded in "undesirable" direction)
Merits intervention or study to identify possible causes

Example 2: Dashboard with Superimposed Statistical Indicators



	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06
num	8	8	14	5	4	5	10	9	7	10	12	17
den	2659	2928	2676	2989	3102	2963	3302	3032	2911	2901	3190	2964
Rate	3.0	2.7	5.2	1.7	1.3	1.7	3.0	3.0	2.4	3.6	3.8	5.7

Thanks to the following organizations serving on the workgroups ***(all 4 combined)***

- AARP - American Association of Retired Persons
- BC-BS - Blue Cross Blue Shield of Kansas
- Coventry
- KAHSA - Kansas Association of Homes and Services for the Aging
- KAMU - Kansas Association for the Medically Underserved
- KDHE - Kansas Department of Health and Environment
- KDOA – Kansas Department of Aging
- KFMC - Kansas Foundation for Medical Care
- KHA - Kansas Hospital Association
- KHCA - Kansas Health Care Association
- KHI - Kansas Health Institute
- KHPA - Kansas Health Policy Authority
- KID - Kansas Insurance Department
- KMS - Kansas Medical Society
- KPHA - Kansas Public Health Association
- KSNA - Kansas State Nursing Association
- KUMC - Kansas University Medical Center
- Lawrence Paper Co.
- SG Co. - Sedgwick County
- SRS - Social and Rehabilitation Services
- St. Luke's Health Systems

Workgroup Objectives

- Select measures and indicators for reporting in respective domain
- Choose and prioritize measures for public reporting if necessary
- Identify essential elements to include in report design
- Identify existing and needed data to produce these reports (Explore creating/improving collection mechanisms if necessary)
- Coordinate with any current initiatives in other agencies and organizations
- Create strategy for capacity-building and staffing for routine reporting

Time Line / Milestones

- Goal is to have a list of indicators and measures identified and populated by each workgroup by October 2008
- Data Consortium Parent Committee meetings:
  - April 2008
  - July 2008
  - August 2008
  - October 2008
- Each workgroup to meet at least once in between each of the Data Consortium meetings, and brief the larger group
- Data Consortium Parent Committee to review workgroup recommendation in October 2008
- KHPA Board to discuss Data Consortium recommendations in November 2008
- December 2008 Report preparation
- January 2009 – Report baseline and trend data on indicators

Statutory Authority to Collect Data from:

- Medical Care Facilities
- Health Care Providers
- Providers of Health Care
- Health Care Professionals
- Home Health Agency
- Psychiatric Hospitals
- State Institutions for the Mentally Retarded
- Community Mental Health Centers
- Adult Care Homes
- Laboratories
- Pharmacies
- Board of Nursing
- Kansas Dental Board
- Board of Examiners in Optometry
- State Board of Pharmacy
- State Board Of Healing Arts and third party payors, including but not limited to licensed insurers, medical and hospital service corporations, health maintenance organizations, fiscal intermediaries for government funded programs, self funded employee health plans.

Access to Care Grid Review & Discussion

Progress - Datasets Reviewed

- MEPS (Medical Expenditure panel Survey)
- CPS (Current Population Survey)
- CAHPS (Consumer Assessment of Health Plans)
- NNHS (National Nursing Home Survey)
- NHHCS (National Home and Hospice Care Survey)
- AHRQ (Agency for Healthcare Research and Quality)
- HCUP SID (Healthcare Cost and Utilization Project State Inpatient Databases)
- KHA/AHA (Kansas Hospital Association / American Hospital Association)
- NHDS (National Hospital Discharge Survey)
- NCQA (National Committee for Quality Assurance)
- Commonwealth Fund Healthcare Quality Survey
- Medicare Cost Reports (from Centers for Medicare and Medicaid Services)
- BRFSS (Behavioral Risk Factor Surveillance System)
- CPSS (Client/Patient Sample Survey)
- Numerous reports compiled by KDHE (E.g. Safety Net Monitoring, Top DRGs & procedures, Patient Migration, etc.)
- Healthy People 2010

Progress Synopsis

- Measures grouped into the following indicator categories:
  - Health Insurance Status
  - Health Professions Workforce
  - Safety Net Stability
  - Medicaid Eligibility
  - Access Outcomes
  - Medical Home
  - Demographics

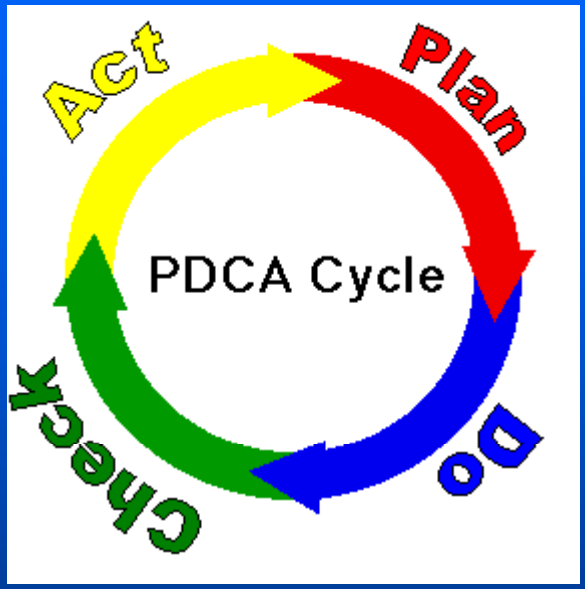
Newly-created

- Health disparities to be handled by sub-grouping selected measures by age, ethnicity, income, etc. rather than as a separate indicator category

Process/Performance Improvement (PI) Lifecycle

- Identification of area for improvement & issues (Health Policy)
- Benchmarking:
  - Peers
  - Self (historical)
- Survey of existing body of knowledge for best practices
- Planning:
  - Stakeholder identification & Team formation
  - Aim statement
  - Selection of interventions and timeline
  - Selection of PI metrics
- Implementation
- Data Monitoring:
  - Pre-(baseline) vs. post-implementation
  - Frequent and regular to track impact and fine-tune interventions

PDCA Methodology



Rapid cycle, Continuous Quality Improvement technique conceived by Walter Shewhart in 1930 & later adopted by Edward Deming

Plan – the process improvement steps

Do - implement the planned steps (initially on a small scale, if desired)

Check – the results. Did it work or not? Lessons learned.

Act – Adopt (Hardwire) or abandon the change or run through the PDCA cycle again